



Office of Business Services

A CLEAR COPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY THIS FORM

Driver's License Check Authorization Form

Department _____

Date _____

I hereby authorize M&T Insurance Agency, Inc. a subsidiary of M&T Bank, to order a motor vehicle report. I further authorize M&T Insurance Agency, Inc. to share the information from the report with Niagara University. I understand that the purpose of the report is to determine my eligibility for authorization to drive a University owned vehicle or any privately owned vehicle for University business. I understand that there will be a yearly review of this check.

Signature: _____

Print Name: _____

Email address _____

Graduation Year _____

Student will be required to complete an online Driver's Safety Course . Course directions will be sent to student by email and cannot be an approved driver until course is completed.

Is student driving an NU or privately owned vehicle? Please check one.

NU _____

Privately Owned _____

If driving a privately owned vehicle student must submit insurance card that coincides with vehicle they will be driving.

Submit Form to : **Christina Templin
Risk Control Manager**